

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 71425223	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51					
2	1						52					
3		1					53					
4	1						54					
5	1						55					
6		5					56					
7		5					57					
8		5					58					
9		5					59					
10		5					60					
11		5					61					
12	1						62					
13		1					63					
14		1					64					
15		1					65					
16	1						66					
17	1						67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
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33							83					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	7											
TOTAL DEP.	24											
TOTAL CLAIMS	31											